



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS

Washington, D.C. 20245

IN REPLY REFER TO:

INDIAN PREFERENCE POLICY IN THE BUREAU OF INDIAN AFFAIRS

HISTORICAL

In accordance with the Indian Reorganization Act of 1934 (25 U.S.C. 479), Congress extended preference in employment in the Bureau of Indian Affairs to qualified Indians and further determined that proper fulfillment of its trust requiring turning over to Indians a greater control of their own destinies.

A Supreme Court decision of 1974 (Morton vs. Mancari) stated that Indian Preference is an employment criterion designed to further the cause of Indian self-government and to make the Bureau of Indian Affairs more responsible to the needs of its constituent group. The decision further states that "The preference is granted to Indians not as a discrete racial group, but rather as members of quasi-sovereign tribal entities whose lives and activities are governed by the BIA in a unique fashion." The Bureau is, therefore, required by law to give preference to persons of Indian descent in filling positions whether through initial appointment, promotion, reassignment or transfer.

In accordance with 25 CFR Part 5, preference will be extended to persons of Indian descent who are: (a) Members of any recognized Indian tribe now under Federal jurisdiction; (b) Descendants of such members who were, on June 1, 1934, residing within the present boundaries of any Indian reservation; (c) All others of one-half or more Indian blood of tribes indigenous to the U.S., and (d) Eskimos and other aboriginal people in Alaska.

NOTIFICATION OF ALL NON-INDIAN CANDIDATES/APPLICANTS

This is to inform you of the application of Indian Preference in the Bureau and to advise you that your career opportunities will be limited regarding promotion, reassignment or transfers, regardless of your qualifications. If you have any questions, you may contact your Personnel Officer or his designee.

This notification will be sent to all non-Indian applicants ONLY for employment in the Bureau. If you are selected for a position, you will be required to sign this statement. The original signed statement will be placed in your Official Personnel Folder and you will be provided a copy.

(Name)

(Date)

**VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY**

To establish eligibility for Indian preference for employment with BIA/IHS, complete one of the categories below and submit with your SF-171, Application for Federal Employment.

**Category A MEMBERS OF FEDERALLY-RECOGNIZED INDIAN TRIBES,
BANDS OR COMMUNITIES.**

This is to certify that the person named below is a member of the tribe indicated:

_____	_____	_____		
Full Name	Date of Birth	Tribal Affiliation		
<p>I certify that the above information was taken from the official membership records of the _____ Tribe and acknowledge that falsification and misrepresentation of this information is punishable under Federal Law.</p>				
_____	_____	OR	_____	_____
Tribal Representative	Date		BIA Representative	Date
_____	_____		_____	_____
Title			Title	
			_____	_____
			Agency Name	

**Category B DESCENDANTS OF MEMBERS OF FEDERALLY-RECOGNIZED
INDIAN TRIBES, BANDS OR COMMUNITIES WHO WERE RESIDING
ON ANY INDIAN RESERVATION ON JUNE 1, 1934.**

This is to certify that the person named below has established to my satisfaction that he is a descendant of an enrolled member of the tribe named below and that he was living on an Indian reservation on June 1, 1934. The applicant's family history is outlined on the attached family history chart:

_____	_____	_____
Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934
_____	_____	_____
Ancestor		Tribal Record of Affiliation
_____	_____	_____
Date		BIA Representative

		Title

		Agency Name

Category
C

**PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN
BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED
STATES:**

This is to certify that I have reviewed the documentation to support the below listed individual's claim to the possession of at least one-half degree Indian blood. The attached family history chart outlines the individual's family history:

Name	Date of Birth	Degree of Blood of Tribal Derivation
Based On:		
	BIA Representative	Date
	Title	
Name Records	Agency	

Category
D

**PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OF
ALASKA DESCENT:**

This is to certify that the person named below has established to my satisfaction that he is qualified for Indian preference because of his possession of Eskimo or other aboriginal peoples' blood of Alaska. The attached family history chart outlines the individual's family history.

Name	Date of Birth	Alaska Native Group
Record(s) on Which Based		
	BIA Representative	Date
	Title	
	Agency	